

## Foster Family Home - Corrective Action Report

Provider ID: 1-100095

Home Name: Emie Joy Pomoy, RN

Review ID: 1-100095-9

1676 California Avenue

Reviewer: Angelica Galindo

Wahiawa HI 96786

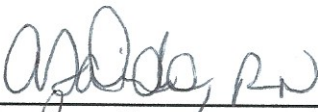
Begin Date: 1/7/2019

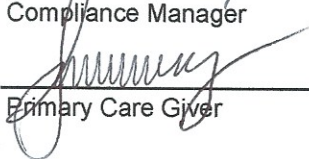
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/07/2019.  
6.(d)(1) - Home in compliance with all requirements.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

1/07/19  
Date

1/7/19  
Date